CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST	MI	OFFICE USE ONLY
NAME	NICKNAME LAST	SUFFIX	Date Received
	Chements	SUPPLA	Abliene City Secretary
- CANDIDATE /			APR 0 2 2019
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; C	CITY; STATE; ZIP CODE	Filed for Record
Change of Address	500 Chastnut St. Suite	102, Ablene TX 7960	
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	
OFFICEHOLDER PHONE	(325) 437 6544		Date Hand-delivered or Date Postmarked
6 CAMPAIGN	Mr. Blaise	М	Receipt # Amount \$
TREASURER NAME			Date Processed
	Regan	SUFFIX	Date imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SL	UITE #; GITY; STATE;	ZIP CODE
(Residence or Business)			
	104 Pine St. Suite Co	Ol Abilene TX	79601
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (325) 268 - 4142	EXTENSION	
			536
9 REPORT TYPE	January 15 💢 30th day before el	lection Nunoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 Bih day before elec	ction Excooded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year		Day Year
COVERED	01 /01/2019	тняоцен 63/	25/2019
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary	Runoff Other Description	
	05/04/2019 X General	Special	
12 OFFICE	OFFICE HELD (If any)	13 OFFICE SOUGHT (if known)	
		City Counc	:1- Place 5
	go то		_

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	. 1		15 Filer ID (Ethics Commission Filers)
Cory C	lenents		
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED ON POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S ON OFFICEHOLDER'S KNOWLEDGE OF CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		I POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH. ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	
	1	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,070.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED 4. TOTAL POLITICAL EXPENDITURES \$ /, 157,86		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$5, 207.64		
18 AFFIDAVIT			
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. Notary Public, State of Texas Under Title 15, Election Code.			
Notary ID 125541993			
Signature of Candidate or Officeholder			
AFFIX NOTARY STAMP / SEALABOVE			
Sworn to and subscribed before me, by the said CONA. CLEMENTS, this the 29th			
day of March, 20, to certify which, witness my hand and seal of office.			
Kentara West notary Public			
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 F	19 FILER NAME 20 Filer ID (Ethics Co		
	Cory Clements		
	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 5,070.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRI	BUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM PO	LITICAL CONTRIBUTIONS	\$ 1, 157.86
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM	POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PER	RSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBU	TIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM PO	OLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND GRETURNED TO FILER	CONTRIBUTIONS	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
Cory	Clements		
4 Date	5 Full name of contributor	7 Amount of contribution (\$)	
1/	Frederick Scott Dueser		
3/4/19	6 Contributor address; City; State; Zip Code	\$500.00	
	_ · · · · · · · · · · · · · · · · · · ·	900	
	PO Box 701 Abilene TX 79604 pation / Job title (See Instructions) 9 Employer (See Instructions)		
	pation / Job title (See Instructions) 9 Employer (See Instructions)		
CEO - 7	First Financial Beak First Fin	encial Bank	
Date	Full name of contributor out-of-state_PAC (ID#:)	Amount of contribution (\$)	
	Thomas Watson		
3/4/19	Thomas Watson Contributor address; City; State; Zip Code	\$100.00	
′ ′	l l		
	701 Amon/lo Abilere TX 7860Z		
1 1	eation / Job title (See instructions) Employer (See instructions)	tions)	
Attorn	ey		
Date	Full name of contributor	Amount of contribution (\$)	
l .		` '	
7/4/19	Claudes Clintos Contributor address; City; State; Zip Code	\$100.00	
3/ 1/11	Contributor address; City; State; Zip Code	4100.00	
	1290 S. Willis Ste 202, Abilane, TX Mos		
	pation / Job title (See Instructions) Employer (See Instructions)	tions)	
Atton	ney		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	
3/11/10	Brasen Hurt Contributor address; Clty; State; Zip Code	\$300.00	
		4300.00	
	781 1 of C/201 Allow TU 79107		
781 Litte Stares, At. Lene TX 77602 Principal occupation / Job title (See Instructions) Employer (See Instructions)			
		5	
Bug ,	Killer Pest Petr	0/	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE	FNED	
	If contributor is out-of-state PAC, please see instruction guide for additional		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:	
2 FILER NAME	Clenents	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor Contributor Contributor	7 Amount of contribution (\$)	
3/4/19	Majel Changyen 6 Contributor address; City; State; Zip Code	\$1,320.00	
	pation / Job title (See Instructions) 9 Employer (See Instru		
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions) PMG Lo	ctions) Firm	
Date	Full name of contributor	Amount of contribution (\$)	
3/4/19	Kendy Wilson Contributor address; City; State; Zip Code	\$250.00	
	104 Pine Ste 408, Abiling TX 79601		
l	Zaloti dob tite (See mandettons)		
Atton	ey Rank Wikon	& Kristin Partoll PLLC	
Date	Full name of contributor	1	
3/4/19	Sylvia Lea Contributor address; City; State; Zip Code	\$500.00	
	5 Lyth Place, Abilene, TX 79602		
Principal occup	pation / Job title (See Instructions) Employer (See Instru	ctions)	
Oures	Little Ja	oe Movers	
Date	Full name of contributor	Amount of contribution (\$)	
3/4/19	Brittery + William Pearson Contributor address; City; State; Zip Code	\$200.00	
	17 Harbour Town, Ablan, TX 79606	,	
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
Coordinater Little Joe Movers			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Cory Cle	neats		·
4 Date 5 1	Full name of contributor out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
	Sitt Without		
3/8/19 6	Scott Wasthard Contributor address; City; State	; Zip Code	\$1,000.00
2	27 Hannhs Vay, Burni 1 Job title (See Instructions)	t, TX 78611	
8 Principal occupation	: / Job title (See Instructions)	9 Employer (See Instruc	tions)
Attorn-ci		KRW	La Firm
1	<u> </u>	C (ID#:)	Amount of contribution (\$)
	ructed Staggs		
	Contributor address; City; State		\$500.00
	OZ N. 3rd Abilon TX	79601	
Principal occupation	/ Job title (See Instructions)	Employer (See Instruct	lions)
Owner		Green K	gan
			-
		; (ID#:)	Amount of contribution (\$)
3/21/19	Ph, / Blue Contributor address; City; State	; Zip Code	\$100.00
6	33 Scott PL, Ab, Com, 7 / Job title (See Instructions)	7 79601	•
Principal occupation	/ Job title (See Instructions)	Employer (See Instruc	tions)
Athletics	On star	Abilene I	Ecn
Timeria	DIFEIDI	MOITENE 4	
Date	full name of contributor out-of-state_PAC	(ID#:)	Amount of contribution (\$)
	D'An Clements		
3/23/19	O'Ann Clements Contributor address; City; State	; Zip Code	\$200.00
3	108 150Th St, Lubbock,	TX 79424	
	/ Job title (See Instructions)	Employer (See Instruc	tions)
Nuse			
			A
			6
			1
		ETHIC COUEDING ACAI	

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Glit/Awards/Memorials Expense Accounting/Banking Consulting Expense Polling Expense Printing Expense Travel In District Travel Out Of District Contributions/Donations Made By Candidate/Officeholder/Political Committee Legal Services Salarles/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Cory Clements 5 Payee name 4 Date 3/3/19 6 Amount (\$) City; State; Zip Code \$1,152.86 (b) Description Check if travel outside of Texas, Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder fiving expense **EXPENDITURE** 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Pavee name Date Amount (\$) City; State; Zip Code Payee address; Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas, Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date City; State; Zip Code Amount (\$) Payee address; Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Light Check If Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED